

King County Affidavit of Marriage/Domestic Partnership

- *Submit this form to document a marriage or domestic partnership.*
- *If you currently have enhanced life and/or AD&D insurance for yourself, you may request it for a new spouse/domestic partner by submitting a request for enhanced family member coverage form within 60 days of the qualifying event.*
- *Return this form to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle 98104-2683.*

Check all boxes that apply:

- ☐ Add my spouse or domestic partner (DP) for benefit coverage. *(Must submit an add family members form, too)*
- ☐ This form documents my marriage or DPship, but do not add my spouse or DP for benefit coverage at this time.
- ☐ My spouse or DP is also a King County employee.

Check one of the following boxes:

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my DP (named below) and I began our DPship (date) _____ and we:
- Share the same regular and permanent residence
 - Have a close personal relationship
 - Are jointly responsible for *basic living expenses**
 - Are not married to anyone
 - Are both 18 years of age or older
 - Are not related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.

I understand this affidavit will no longer be effective if my spouse/domestic partner dies or by a change of circumstances attested to in this affidavit.

I agree to notify Benefits & Well-Being or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 60 days of such change by filing a Statement of Termination of Marriage/Domestic Partnership.

I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law.

We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law.

We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership.

We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee Signature _____ **Date Signed** _____

Printed Name _____ Contact Phone (_____) _____

Paid ☐ 5th & 20th Each Month Pay ID No _____ Soc Sec No _____
☐ Every Other Thursday

Spouse/DP Signature _____ **Date Signed** _____

Printed Name _____ Gender _____ Birth Date _____

* *Basic living expenses means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*